

## **PSC RESPONSIBILITIES CHECKLIST**

### **Monthly Contacts:**

- \_\_\_\_\_ Ask the family about changes in income, insurance policy, and KCHIP/Medicaid status.
- \_\_\_\_\_ In the event of a change in the family's income, desire to use insurance or KCHIP/Medicaid status, complete and submit *Demographic Changes/POE Home Visit Form* to CBIS. Family share fee may need to be recalculated if income has moved from one category to another. If the family is using their insurance and their insurance policy has changed, obtain release of information from family to notify providers who are billing their insurance. Either complete relevant information on the *First Steps Financial Information Form (Res – 10)* or get a copy of their insurance card and send to provider(s).
- \_\_\_\_\_ If the family's income is in income category 1, and no application for KCHIP/Medicaid has been made, assist the family in completing and submitting the KCHIP application to the Department for Community Based Services (DCBS).
- \_\_\_\_\_ Approximately 30 days after the KCHIP application has been submitted to DCBS, check with the family to see if they received a letter informing them whether their application has been approved or denied. If the family believes that the application was denied in error, contact the First Steps Financial Case Manager for possible options. Also, encourage the family to file an appeal according to the procedures outlined in the denial letter from DCBS.
- \_\_\_\_\_ Check with the family to see if they received a medical card for the current month (If you are making a home visit, please ask to see the medical card). Check if the medical card number for the child is the same number that you have in his/her record. If the number is not the same, complete and submit *Demographic Changes/POE Home Visit Form* to CBIS.
- \_\_\_\_\_ If child's medical card number begins with an "8" (a pseudo number), ask the family whether they have applied with the Social Security Administration for a regular social security number. If yes, remind them to notify their caseworker at DCBS when they receive the number. When the new number appears on the medical card, ask family to inform you so that you may complete and submit *Demographic Changes/POE Home Visit Form* to CBIS.
- \_\_\_\_\_ Check the remittance advice from CBIS to see if the billing categories are correct. If there is an error on the remittance advice from CBIS regarding the funding category (bills charged to KEIS instead of Medicaid), contact the family to see if there were any changes in the family's Medicaid status or medical card number. Also confirm with the family whether or not they have private insurance. If changes occurred, complete and submit *Demographic Changes/POE Home Visit Form* to CBIS. If no changes have occurred to affect the family's status, notify CBIS. Contact the First Steps Financial Case Manager to see if Medicaid's records indicate that the child has private insurance.
- \_\_\_\_\_ *Best Practice suggestion: make a copy of the child's medical card and keep in his/her record.*

- \_\_\_\_\_ Check with the family to determine whether services specified on the IFSP continue to meet the needs of the child/family.
- \_\_\_\_\_ Check with the family to determine whether other services from community agencies are needed to help address child's/family's needs.
- \_\_\_\_\_ Discuss transition needs/issues.

### **Prior to IFSP Meeting:**

- \_\_\_\_\_ Provide the family with "Family Input Page" prior to the meeting.
- \_\_\_\_\_ Send 30 day written notice to providers and family with cc on letter to indicate to whom it was sent and keep a copy of in the file under "correspondence".
- \_\_\_\_\_ Send request for 6-month progress reports. Include date on letter; remind providers that the report is due to PSC and caregiver prior to IFSP meeting. You may want to specify date to be received by PSC/caregiver.
- \_\_\_\_\_ In the event of meeting cancellation, notify providers within 5 days when meeting has been rescheduled.
- \_\_\_\_\_ Notify team members of scheduled amendment meeting.
- \_\_\_\_\_ Prepare all necessary paperwork for IFSP meeting.
- \_\_\_\_\_ Discuss Family Share status in terms of changes in income, Medicaid eligibility, and insurance usage. Ask family to bring medical card and/or insurance card to IFSP meeting.
- \_\_\_\_\_ When a family transfers from one service coordinator to another, including ISC to PSC, update the receiving service coordinator on the family's income, insurance and Medicaid status. This is especially important if the family's KCHIP/Medicaid status is still unknown at the time of the transfer.

### **During IFSP Meeting:**

- \_\_\_\_\_ Discuss with team members determination of needs of child & family and rationale for services.
- \_\_\_\_\_ Review outcomes and discuss progress (include discussion of previously received progress reports from team members unable to attend meeting), complete the "Review and Progress" section on the IFSP (Ask parent/s to initial).
- \_\_\_\_\_ Assist team in developing current outcomes, strategies, activities, etc.
- \_\_\_\_\_ Share/review statement of assurances.
- \_\_\_\_\_ Discuss any concerns not addressed.
- \_\_\_\_\_ Plan when next meeting will be and have members record on calendars
- \_\_\_\_\_ Have all members review & approve IFSP plan then sign IFSP demographic page.
- \_\_\_\_\_ Have all members review & approve CBIS Summary sheet & *IFSP Meeting Form* (pay particular attention to ensure that the correct payor source has been circled ("F"). In almost all cases, First Steps will be the payor source (even when family is using insurance) unless other payor source is paying 100% and CBIS will not receive **any** bills.

- \_\_\_\_\_ Make sure all parts of IFSP are filled out & that all team members providing services are included on outcomes and strategies.
- \_\_\_\_\_ Confirm Medicaid status and insurance information/usage. Make sure that providers who bill the family's insurance have the most current insurance information. Income should have been discussed privately with family prior to IFSP meeting.
- \_\_\_\_\_ List important information concerning KCHIP/Medicaid and insurance on Form 10, page 5 ("Other Information").

### **After IFSP Meeting:**

- \_\_\_\_\_ Submit summary sheet, *IFSP Meeting Form* and copy of IFSP to CBIS & POE within five (5) days of meeting.
- \_\_\_\_\_ Make copies of IFSP, CBIS summary sheet and/or amendment/changes. Send to team members, physician, and family within 10 working days.
- \_\_\_\_\_ Get required approval of team member(s) not at meeting & document in staff notes as well as on IFSP (date both as to when approval was given).
- \_\_\_\_\_ Notify CBIS of any changes (as in an amendment) in child and family with new IFSP/summary sheet and send update to POE record within 5 days of IFSP meeting.
- \_\_\_\_\_ Send family written notification of backup PSC within one month of initial IFSP meeting.
- \_\_\_\_\_ Document team agreement to any & all changes to IFSP (seeking approval of members, sign name on demographic page, document in staff notes).
- \_\_\_\_\_ Complete and submit *Demographic Changes/POE Home Visit Form* to document changes in Medicaid status, income, and insurance information/usage.

### **Amendment Process:**

- \_\_\_\_\_ Discuss proposed change with family and schedule the time and place for the amendment meeting.
- \_\_\_\_\_ Contact all other team members and inform them of the need for the change. Discuss possible dates for the amendment meeting.
- \_\_\_\_\_ Record telephone calls/conversations with team members and their response to the proposed change.
- \_\_\_\_\_ Hold Amendment meeting to make changes to the IFSP, using the following pages:
  - Demographic page
  - Rationale page
  - Child and Family Outcome page
  - CBIS Summary Sheet
- \_\_\_\_\_ Review information on CBIS Summary sheet with team members who are affected by the change and make sure they agree that the information concerning them is correct.

- \_\_\_\_\_ Contact all team members who were unable to attend the Amendment meeting and obtain their response and/or agreement to the change. Obtain permission to sign their names if they agree with the change.
- \_\_\_\_\_ Record all contacts made in service notes.
- \_\_\_\_\_ Send CBIS any changes within five (5) days of the meeting.
- \_\_\_\_\_ Send copies of Amendment pages as well as a copy of the CBIS Summary sheet within ten (10) days of the meeting to all team members.
- \_\_\_\_\_ In the event of a transfer of the child/family from one service coordinator to another, communicate the income, insurance and KCHIP/Medicaid status to the receiving service coordinator.

### **Prior to Transition Conference:**

- \_\_\_\_\_ Plan transition meeting shortly after the child's 2<sup>nd</sup> birthday unless there is a late referral.
- \_\_\_\_\_ Send 30 day written notice of transition meeting to providers, family, school district personnel, and personnel from other potential placement options. Keep copy in a file under "Correspondence".
- \_\_\_\_\_ Provide the family with a copy of the transition booklet and discuss the transition process.
- \_\_\_\_\_ Have family sign release of information allowing providers in the child's next care/educational setting to access any pertinent records.

### **At Transition Conference:**

- \_\_\_\_\_ Write transition plan as part of IFSP meeting including information family may need in future setting.
- \_\_\_\_\_ Develop and document on IFSP outcomes, strategies and activities to be used by family to assist in preparing the child and family for transition (steps to be taken, assistive technology needs, other adaptations, etc.)
- \_\_\_\_\_ Identify date that the school district wants notification of referral.

### **After the Transition Conference:**

- \_\_\_\_\_ Carry out the transition plan.
- \_\_\_\_\_ With parental permission, send referral information and other pertinent records to appropriate local school district personnel.

### **Child Find & Public Relations & Referral Activities:**

- \_\_\_\_\_ Assist POE with child find activities and public relations.
- \_\_\_\_\_ Make referral to POE within 48 hours of identification.

\_\_\_\_\_ Attend Initial IFSP.

**Other Responsibilities:**

- \_\_\_\_\_ Keep all appropriate & required records (see Policy & Procedures Manual: PSC (17), a-i.
- \_\_\_\_\_ Keep staff notes of all contacts pertaining to child & family.
- \_\_\_\_\_ Contact family at least one time per month.
- \_\_\_\_\_ Obtain a copy of interagency agreements, and follow agreed upon procedures such as school district policies concerning the use and distribution of the "Non-Identifying List."